ATTORNEY OR PARTY WITHOUT Name:	ATTORNEY	FOR COURT	USE ONLY
Address:			
Phone Number:			
Bar Number:			
Attorney For:			
SUPERIOR COURT OF CALIFORNI	A, COUNTY OF LASSEN		
PLAINTIFF:			
DEFENDANT:			
DECLARATION OF NO REQUEST FOR EX-I		CASE NUMBER:	
Hearing Date:	Time:	a.m. □ p.m.	
Type of relief requested:			
2. Reason(s) ex parte relief is necessary:			
3. Name of opposing parties (or attorneys):_			
4. Was Notice of the ex parte application giv			
4. Was Notice of the exparte application give	en to the opposing parties: [] res	[][10	
5. [] NOTICE GIVEN : The opposing parties w by the court on (date), at (<i>ti</i>			on would be heard
a. Notice was given to the [] attorn	ney for the [] plaintiff/petitioner []	defendant/respondent.	
b. Notification occurred on (date):c. I gave notice by this method:	, at (time)	[] a.m. [] p.m.	
	, at (<i>location</i>):	, California; at	[] a.m. [] p.m.
	, telephone no.:		
[] voicemail on (date):	,voicemail no.:	,at	[] a.m. [] p.m.
[] fax machine on (date):	,fax no.:	,at	[] a.m. [] p.m.
•	e following temporary emergency o		

f	I[] do [] do not believe that the person in 3 will oppose the request for temporary emergency orders.
6. [t	It did not give notice about the request for temporary emergency orders. I request that the court waive notice to me other party due to the following exceptional circumstances (check all that apply): 1) [] To help prevent an immediate danger or irreparable harm to myself (or my client) or to the children in the case 2) [] There is an immediate risk that the children in the case will be removed from the state of California. 3) [] To help prevent immediate loss or damage to property subject to disposition in the case. 4) [] Other exceptional circumstances (specify):
declare u	ou appeared ex parte before for the same relief? [] Yes [] No. If yes, relief was [] granted [] denied inder penalty of perjury under the laws of the State of California that the above information and all attachments d correct.